

DD 18-31
the reconstruct

1. A method for the reconstruction of the anterior cruciate ligament of a patient comprising the steps of:-
- a) forming a tendon graft from tendon, other soft tissue or artificial tendon;
 - b) forming a hole through the patient's femur from a suitable point in the intercondylar notch therein anteriorly and laterally, the cross-sectional area of at least an end portion of the hole through the femur adjacent the intercondylar notch being sufficient to receive an end of the tendon graft and a suitable screw, peg or other fixation device having a leading end and a trailing end;
 - c) forming a suitably positioned hole through the patient's tibia opening at one end adjacent the cross-sectional medial tibial spine of the tibia of an area sufficient to receive the other end of the tendon graft;
 - d) drawing one end of the tendon graft into the enlarged end portion of the hole in the femur and simultaneously or sequentially drawing the other end of the tendon graft into the hole in the tibia;
 - e) inserting the leading end of a fixation device into the hole in the femur from the intercondylar notch end thereof until the trailing end of the fixation device is adjacent that end of the hole, and the tendon graft is pressed directly and firmly against a sidewall of the hole in the femur by the fixation device;
 - f) after tensioning the tendon graft appropriately, securing the other end of the tendon graft to the tibia.
2. A method for the reconstruction of the anterior cruciate ligament of a patient as claimed in claim 1 in which the tendon graft is formed from a tendon or tendons harvested from the patient or from a third party.
3. A method for the reconstruction of the anterior

4. A method for the reconstruction of the anterior cruciate ligament of a patient as claimed in claim 3, in which the tendons are the gracilis and semitendinosus tendons of the patient derived from the leg having the anterior cruciate ligament deficiency.

6. A method for the reconstruction of the anterior
cruciate ligament of a patient as claimed in claim 1, in
15 which each of the free ends of the tendon graft are bound
together over a length approximately equal to the length
that the respective free ends of the tendon graft will
extend through the holes in the femur and the tibia.

8: A method for the reconstruction of the anterior
cruciate ligament of a patient as claimed in claim 6, in
which the rotary awl is caused to form adjacent one end of
30 the femoral hole and/or the tibial hole a short region of
further increased cross-sectional area adapted to receive
a head formed at the trailing end of a fixation device.

9. A method for the reconstruction of the anterior
cruciate ligament of a patient as claimed in claim 1, in
35 which the one end of the tendon graft is drawn into the

5 10. A method for the reconstruction of the anterior
cruciate ligament of a patient as claimed in claim 1 in
which the other end of the tendon graft is secured to the
tibia by inserting the leading end of a fixation device
into the tibial hole from its end distal to the tibial
10 medial crest until the trailing end of the fixation device
is adjacent that end of the hole and the tendon graft is
pressed directly and firmly against a sidewall of the hole
in the tibia by the fixation device.

11. A method for the reconstruction of the anterior
15 cruciate ligament of a patient as claimed in claim 10, in
which the fixation device is a cannulated screw.

12. A method for the reconstruction of the anterior
cruciate ligament of a patient as claimed in claim 11, in
which the screw has a screw thread which is devoid of an
20 outermost cutting line.

13. A method for the reconstruction of the anterior
cruciate ligament of a patient as claimed in claim 11, in
which the screw has a hemispherical head.

14. A method for the reconstruction of the anterior
25 cruciate ligament of a patient as claimed in claim 1, in
which the fixation device inserted into the femoral hole
is driven into that hole until the trailing end thereof is
just within that hole.

15. A method for the reconstruction of the anterior
30 cruciate ligament of a patient as claimed in claim 1, in
which the fixation device inserted into the tibial hole is
driven into that hole until the trailing end thereof is
just within that hole.

16. A method for the reconstruction of the anterior
35 cruciate ligament of a patient as claimed in claim 15, in

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to a desired size by compressing or compacting the bone around the guide hole.